

GE Corporate Payment Services

Authorized Signature Form

Agency No. _____

Agency Name: _____

Requested PAAC: _____
(4-characters)

All names listed are authorized to make any cardholder changes, including but not limited to spending limit increases, cash increases, and cancellations – those identified below will be asked for the PAAC listed above.

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Verified by OMB:

Name _____

Title _____ State Pcard Administrator _____ Date _____